

PARTICIPANT INFORMATION REVISIONS
STATE TREASURY MONEY MANAGEMENT TRUST FUND

Complete appropriate sections of form. Put N/A for sections that are not applicable to your change. Send to Money Management Fund, 220 State Capitol, Little Rock, AR 72201 or fax to 501-682-1521.

1. Fund Account #: _____
2. Date: _____

MEMBERSHIP DATA

	<u>Current</u>	<u>Change To</u>
3. Entity Name:	_____	_____
4. Account Name:	_____	_____
5. Address:	_____ _____	_____ _____
6. Phone#:	_____	_____
7. FAX#:	_____	_____

PERSONS TO CONDUCT FUND TRANSACTIONS

	<u>(Typed/Printed) Name</u>	<u>Signature</u>	<u>Title</u>
8. Add:	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
	<u>(Typed/Printed)Name</u>		<u>Title</u>
11.Delete:	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____

BANK INFORMATION

	<u>Bank Name and Address</u>	<u>Account # and Bank T/R#</u>	<u>Name of Bank Account</u>
14. Add:	_____ _____	_____	_____
15.	_____ _____	_____	_____

	Bank Name and Address	Account # and Bank T/R#	Name of Bank Account
16. Delete:	_____	_____	_____

17.	_____	_____	_____

AUTHORIZED OFFICER(S)

The following individuals are now the authorized financial officer(s) charged with the custody of the funds to participate in the Fund:

	<u>(Typed/Printed)Name</u>	<u>Signature</u>	<u>Title</u>
18.	_____	_____	_____
19.	_____	_____	_____

NOTARIZATION

20. BY: _____
Authorized Officer

21. _____
Typed/Printed Name

22. _____
Title

23. STATE OF ARKANSAS, COUNTY OF _____

Sworn and subscribed to me on this the _____ day of _____, 200 _____

Date my Commission Expires

Notary Public Signature

SEAL

PARTICIPANT INFORMATION REVISION INSTRUCTIONS

Return this change form to Money Management Fund, 220 State Capitol, Little Rock, AR 72201. Please keep a copy for your records. Complete the blank lines on the change form as follows:

1. Fund Account Number is the account number that was assigned to you for Fund transactions.
2. Date is the current date on which the form is completed.
For items 3 through 7, please provide the old data for reference as well as the new data you want to authorize.
3. Entity Name is the name of your agency, local government, or political subdivision.
4. Account Name is the name under which the participant wishes the Fund to carry its account.
5. Address is the mailing address where you want your Fund correspondence directed. Please include street or post office box number, city, state, and zip code.
6. Phone Number is the telephone number where a person authorized by your governmental entity to perform Fund transactions can be reached.
7. FAX Number is the telephone number of a facsimile copy machine that is convenient to your personnel authorized to do business with the Fund. Insert "N/A" if this does not apply to you.

For items 8 through 19, please indicate only the information that you want added and/or deleted.

8. Persons who will conduct Fund transactions may be added by inserting their typed/printed name, and affixing an original signature and current job title on the indicated blanks on items 8 through 10.
11. Persons who will conduct Fund transactions may be removed by inserting their typed/printed name(s) and job title(s) on lines 11 through 13.
14. If you wish to add a bank account to be authorized to receive funds from your Fund account, insert the bank name, address, account number and transit routing number, and name of account. (Name of account if the name under which this bank account is held.) Attach a bank account deposit form for each account you wish to add.
17. To remove a bank account from the list of bank accounts authorized to receive funds from your Fund account, provide the bank name, address, account number and bank transit routing number, and name of account.

Please provide all data requested in items 20 through 25.

18. Authorized Officers are those individuals or officers charged by the governing body of your entity with custody of the funds associated with this Fund account. Please provide the typed or printed name, original signature and title of those individuals who are charged with the responsibility of the funds source to this Fund account.
20. Authorized Officer is the individual who is responsible for these funds and responsible for designating how transactions will be authorized. Please provide an original signature.
21. Please type or print the name of the individual whose signature appears on line 20.

22. Please provide the title of the individual who signed on line 20.
23. The notary statement, signature and seal are to be completed by an Arkansas notary. Please provide notarization of all change forms.

Any questions about this change form may be addressed to the Fund staff at (501) 682-3817.